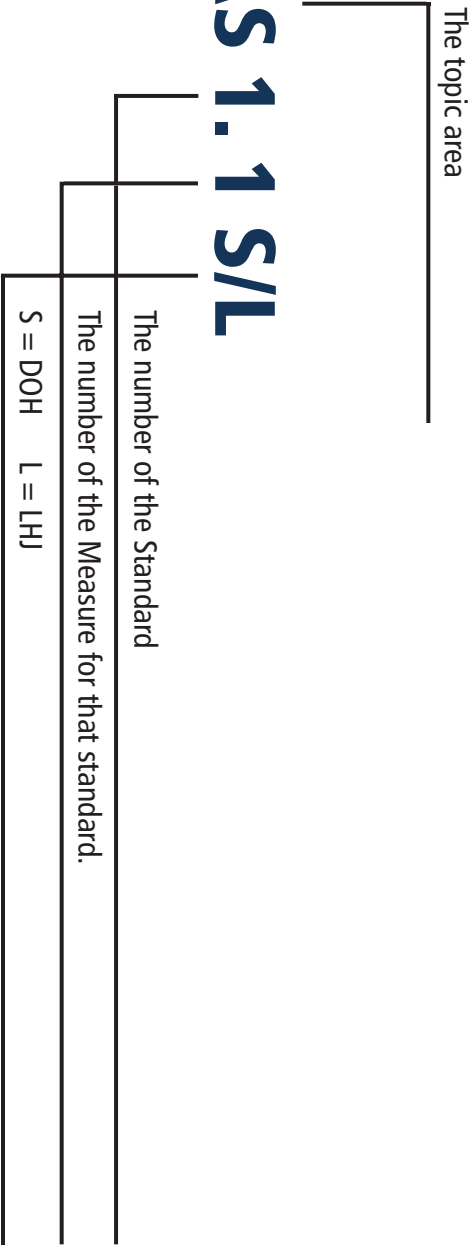


Key:

DOH Washington State Department of Health
LHJ Local health jurisdiction

Topic Code		Related Section of Standards for Public Health
AS	Assessment	<i>Understanding Health Issues</i>
CD	Communicable Disease	<i>Protecting People from Disease</i>
EH	Environmental Health	<i>Assuring a Safe, Healthy Environment for People</i>
PP	Prevention and Promotion	<i>Prevention is Best: Promoting Healthy Living</i>
AC	Access	<i>Helping People Get the Services They Need</i>

How the Matrixes are Organized and Numbered:



Using the Matrix for Performance Evaluation

The Matrixes for Standards for Public Health list all of the Standards and accompanying measures for each section of Standard, organized by Key Management Practices. These are listed on the left side of each matrix. They are aspects of public health work that are common across many areas of public health practice. Analyzing performance by key management practice may provide insight into general needs for resources or training across an agency. Also, examples of strength in one area may be identified and applied to other programs.

This material is part of a collaborative effort by state and local health officials in Washington to set Standards for Public Health. For additional information, contact the Department of Health Office of the Secretary, Public Health Systems Planning and Development (360) 236-4085.



STANDARDS FOR
PUBLIC HEALTH IN WASHINGTON
A Collaborative Effort by State and Local Health Officials

Matrix by Key Management Practice			
<u>Local Standards and Measures</u>		<u>State Standards and Measures</u>	
Understanding Health Issues		Understanding Health Issues	
Protecting People from Disease		Protecting People from Disease	
Assuring a Safe, Healthy Environment for People		Assuring a Safe, Healthy Environment for People	
Prevention is Best: Promoting Healthy Living		Prevention is Best: Promoting Healthy Living	
Helping People Get the Services They Need		Helping People Get the Services They Need	
Title bolded = this document.			



Protecting People from Disease (CD)

Standards for Communicable Diseases and Other Health Risks

By Key Management Practice - State Standards and Measures

	Standard CD1	Standard CD2	Standard CD3	Standard CD4	Standard CD5
	A surveillance and reporting system is maintained to identify emerging health threats.	Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.	Communicable disease investigation and control procedures are in place and actions documented.	Urgent public health messages are communicated quickly and clearly and actions documented.	Communicable disease and other health risk responses are routinely evaluated for opportunities improves public health system response.
Public Information	CD1.1S Information is provided to the public on how to contact the DOH to report a public health concern 24 hours per day. Law enforcement has current, state 24-hour emergency contact lists.	CD2.1S Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.		CD4.1S A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts.	
Community and stakeholder involvement	CD1.2S Consultation and technical assistance are provided to LHJs on surveillance and reporting as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point of contact.		CD3.1S Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage, and transportation of specimens.	CD4.2S A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies, and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency as documented by case write-ups. State-issued announcements are shared with LHJs in a timely manner.	CD5.1S Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate extraordinary disease events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.
Governance process					
Policies, procedures, and protocols	CD1.3S Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies, and accuracy and clarity of public health messages.	CD2.2S Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health, and program administration. Variations from overall process are identified in disease-specific protocols. CD2.3S Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.	CD3.2S DOH leads statewide development and use of a standardized set of written protocols and state statutes for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating investigations), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation).	CD4.3S Roles are identified for working with the news media. Written policies identify the timeframes for communications and the expectations for all staff regarding information sharing and response to questions as well as the steps for creating and distributing clear and accurate public health alerts and media releases.	CD5.2S Model plans, protocols, and evaluation templates for response to disease outbreaks or public health emergencies are developed and disseminated to LHJs.
Program plans, goals, objectives and evaluation	CD1.4S Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and implications for investigation, intervention, or education efforts are documented.		CD3.3S An annual self-audit of a sample of DOH communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols.	CD4.4S Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan.	CD5.3S Model materials are revised based on evaluation findings, including review of outbreaks. CD5.4S Response issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.
Key indicators to measure and track	CD1.5S A statewide database for reportable conditions is maintained; surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually.		CD3.4S DOH identifies key performance measures for communicable disease investigations and consultation.		
Workforce development	CD1.6S Staff members receive training on reporting of communicable disease as evidenced by training documentation.	CD2.4S DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats as evidenced by protocols.	CD3.5S Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.	CD4.5S All staff that have lead roles in communicating urgent messages have been trained in risk communications.	CD5.5S Staff members are trained in surveillance, outbreak response, and communicable disease control and are provided with standardized tools.
Quality improvemnt					CD5.6S There is documentation that outbreak responses are evaluated and that evaluation findings are used for process improvement, which takes into consideration surveillance processes, staff roles, investigation procedures, and communication efforts.